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FEC FORM 1		STATEMEN ORGANIZA				Office U	se Only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If over the lire	typing, type nes.	12FE4I				
Grace for I	New York								
ADDRESS (number a		4 43rd Ave							
(Check if ac is changed)		odside			NY	11377			
		C	CITY		STATE		ZIP CODE		
COMMITTEE'S E-MA (Check if is change	gra	ease provide only one e-rcefornewyork@gmail.con							
COMMITTEE'S WEB	PAGE ADDRESS	G (URL)							
(Check if is changed									
2. DATE 05	5 29	2012							
3. FEC IDENTIFIC	CATION NUMBER	C co	0516666						
4. IS THIS STATE	MENT X N	EW (N) OR	А	MENDED (A)					
I certify that I have e	examined this Stat	ement and to the best of	of my knowle	dge and belief	it is true, corr	rect and com	nplete.		
Type or Print Name	of Treasurer Sar	nmy J. Kye							
Signature of Treasure	Sammy J. Kye		[Electi	ronically Filed]	Date	05 / 2	29 / Y	2012	
NOTE: Submission of		incomplete information n					Ities of 2 U.	S.C. §437g	
Office			For fu	ther information	contact:	FE4	C EODI	1 1	_

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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